

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
11th DIVISION

DESMOND HARDY

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

v. RKE COUNTY SHERIFF DEPT
SHERIFF STEPHEN KORTE
CHARLOTTE SHROEDER
(OFFICE MANAGER)
CORINA HALLBECK
(JAIL ADMINISTRATOR)

(Write the full name of each defendant. The caption
must include the names of *all* of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

Case No: 2:23-CV-12RHM
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury
 Yes No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: DESMOND HARDY

Other names you have used: N/A

Prisoner Registration Number: 1064219

Current Institution:

MARYVILLE TREATMENT
CENTER

Indicate your prisoner status:



Pretrial detainee



Convicted and sentenced state prisoner



Civilly committed detainee



Convicted and sentenced federal prisoner



Immigration detainee



Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: STEPHEN KORTE

Job or Title: SHERIFF

Badge/Shield Number: _____

Employer: PIKE COUNTY SHERIFF OFFICE

Address: 1600 BUSINESS HWY 54 WEST



Individual Capacity



Official Capacity

Defendant 2

Name: CORRINA HALLBECK

Job or Title: JAIL ADMINISTRATOR

Badge/Shield Number: _____

Employer: PIKE COUNTY SHERIFF OFFICE

Address: 1600 BUSINESS HWY 54 WEST/BOWLING GREEN, MO

Individual Capacity

Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

WHAT, WHEN, WHERE

I WAS DETAINED AT PIKE COUNTY JAIL APPR. NOV 6 / UPON MY ARRIVAL I IMMEDIATELY NOTICED THE DIRTY AND UNSANITARY UNIT. I THEN INFORMED THE OFFICER OF MY PROBLEMATIC RESRITORY PROBLEM.

INJURIES

AFTER A COUPLE OF DAYS I STARTED HAVING HEADACHES, RUNNY NOSE AND EYES AND SHORTNESS OF BREATH PLUS ELEVATED BLOOD PRESSURE, ITCHING AND RASH ON HANDS

CHARLOTTE SMROEDER

FAILING TO MAINTAIN PROPER STRUCTURE AND WORKING PROCEDURES OF THE INSTITUTION THAT SHE WAS RESPONSIBLE FOR NEVER CHECKING THE AD EQUIATE WORKING PROCESS OF THE GRIEVANCE PROCEDURE

STEPHEN KORAK

NOT MAINTAINING PROPER CLEANLINESS AND WORKING ORDER OF THE JAIL WHERE HE Housed DETAINEE AFTER MY CONSTANT COMPLAINTS HE STILL NEGLECTED TO WORK TOWARDS RESOLVING SAID MATTER

CORRINA HALLBECK

VIOLATING MY ACCESS TO THE WHOLE GRIEVANCE PROCEDURE

VIOLATING MY 13TH AMMENDMENT RIGHT

BECAUSE WHEN I GOT THERE THE JAIL WAS DIRTY AND I WAS MADE TO CLEAN IT

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

AFTER A COUPLE OF DAYS I STARTED HAVING HEADACHES RUNNY NOSE AND SHORTNESS OF BREATH, ELEVATED BLOOD PRESSURE AND ITCHING/W RASH ON HANDS

AT MY NEXT INSTITUTE I RECEIVED 5 HIGH BLOOD PRESSURE MEDS AND WAS DIAGNOSED WITH DYSMIDROTIC DERMATITIS AND GIVEN CREAM

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

100,000 PER DAY I WAS HELD IN THE FACILITY UNDER
SAID CONDITIONS
100,000 FOR VIOLATION OF MY HUMAN RIGHTS UNDER 13TH
AMENDMENT
100,000 FOR PAIN & SUFFERING DUE TO CRUEL AND UNUSUAL
PUNISHMENT THAT ALL DEFENDANT BE RETRAINED IN
PROPER CIVIL CONDUCT AND PROCEDURES IN PIKE COUNTY JAIL

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

PIKE COUNTY - 1600 BUSINESS HWY 54 WEST
BOWLING GREEN, MO 63334

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do not know

C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes No Do not know

If yes, which claim(s)? THE CLEANING OF MOULDED AREAS THE CLEANING OF THE VENTILATION UNITS ALSO THE CONDENSATION RUNNING DOWN THE WALLS AND POOLING ON THE FLOOR

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance:

1. Where did you file the grievance?

WITHIN THE FACILITY TO THE JAIL ADMINISTRATOR.

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

I REFERRED TO THE UNSANITARY CONDITIONS AND OF HOW IT WAS AFFECTING MY RESPIRATORY SYSTEM

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

I WAS REPEATEDLY TOLD THAT SOMEONE WOULD SEE TO THE MATTER, BUT STILL NO ONE CAME

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

I FILED GRIEVANCES WITH THE
ADMINISTRATOR AND ALSO ONE
OF THE NURSES

F. If you did not file a grievance:

N/A

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

ALL MY GRIEVANCES WERE ANSWERED
BY MRS. HALLBECK AND NOTHING EVER
WENT ABOVE HER HEAD

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

Yes No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff _____ *N/A*

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number _____ *N/A*

4. Name of Judge assigned to your case _____ *N/A*

5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

Yes

No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

Yes

No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of 20, 2023.

Signature of Plaintiff

Hardy Desmond